

## **HOWARD COUNTY POLICE DEPARTMENT**

## Complaint Against Personnel

☐ Citizen Complaint       ☐ Internal Complaint       ☐ Law Enforcement Officer         ☐ Civilian Employee/Volunteer       ☐ On Behalf of Minor					
DATE OF COMPLAINT:		TIME:		IAD #:	
COMPLAINANT(S) NAME:					
ADDRESS:					
HOME PHONE:	WORK PHON			Cell	
HCPD PERSONNEL INVOLVED: (If names are not known, provide a detailed description)					
DATE OF INCIDENT:		TIME OF INCIDENT:			
LOCATION OF INCIDENT:					
HCPD REPORT #: CRIMI		NAL/CIVIL/TRAFFIC CITATION #:			
NATURE OF INCIDENT:					
SUMMARY OF INCIDENT: (Provide	e details)				
WITNESS INFORMATION:					
COMPLAINANT SIGNATURE (OR RECEIVING OFFICER AND ID#):  DATE:			FORWARI	DED TO: (Internal Use Only)	

## **INSTRUCTIONS**

- 1. Complete each section with as much detail as possible.
- 2. Additional paper may be used for Summary of Incident if needed.
- 3. Sign form
- 4. Bring to any District Station, neighborhood satellite office, or mail to: Howard County Police Department, Internal Affairs Division, 3410 Court House Drive, Ellicott City, Maryland 21043
- 5. In lieu of a written complaint, citizens may also call any District station or the Internal Affairs Division:

Northern District 410-313-3200 Southern District 410-313-3700 Internal Affairs Division 410-313-5800

- 6. Complaints alleging brutality must be signed and sworn to under the penalty of perjury within 366 days of the alleged incident by one of the following:
  - The aggrieved individual;
  - b. A member of the aggrieved individual's immediate family;
  - Any individual with firsthand knowledge obtained as a result of the presence at, and observation of, the alleged incident;
  - Any individual who has a video recording of the incident that to the best of the individual's knowledge is unaltered; or
  - e. By a parent or guardian in the case of a minor child.